



Department of Labor
Workers' Compensation Division
National Life Building, Drawer 20
Montpelier, VT 05620-3401
(802) 828-2991

VOCATIONAL REHABILITATION ANNUAL SURVEY FORM

Date: _____ Certification Number: _____
Vocational Rehabilitation Counselor: _____
Current Business Address: _____
Phone: _____ E-Mail: _____
Self Employed ☐ Check if yes Employer: _____

Requested Information

Note: Please provide answers based upon your individual caseload for calendar year 2004.
Calendar year 2004 runs from January 1, 2004 – December 31, 2004.

1. Caseload. Indicate your average caseload. Less than 10 ☐ 10-40 ☐ 40-70 ☐ 70-100 ☐ More than 100 ☐

Number of claims in which you provided any vocational rehabilitation services. _____
Number of claims in which you performed an entitlement assessment. _____
Number of claims in which you provided vocational rehabilitation services but did not perform
an entitlement assessment. _____

2. VR Costs and Expenses Billed.

a. Indicate total costs for claims in which you found Claimant **Not Entitled** \$ _____
b. Indicate total costs for all other VR provided (EA's found entitled, all plans, amendments
and all other VR costs billed in all cases **other than Not Entitled**). \$ _____
c. Indicate TOTAL costs of ALL vocational rehabilitation services and costs you billed for \$ _____
ALL claims in which you provided VR services over past year. _____

3. Plans; Return to Suitable Employment. For all cases in which you prepared an IWRP or amendment
indicate the total number of cases in which :

a. You prepared any IWRP or amendment _____
b. The vocational plan was completed _____
c. Claimant returned to suitable employment for 60 days or more _____
d. Plan was completed but return to work for at least 60 days was **not** achieved _____

4. Closures. Total number of closures _____ Voluntary withdrawals _____

5. Duration. For claims in which Claimant was found Entitled, indicate average length of time (in months)
that vocational rehabilitation services were provided per claim:
Average number of months service was provided: _____

REPORT DUE BY FEBRUARY 28, 2005